U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 8365	2. Fiscal Year Covered From:	
	1 / 1 / 2004 Through: 12 / 31 / 2004	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Elizabeth F Cassada	Name I.B.E.W. Local Union 910	
	Labor Organization File Number 027-476	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 15662 US Route 11	Street 25001 Water Street	
City Watertown	City Watertown	
State New York ZIP Code + 4 13601	State New York ZIP Code + 4 13601	
5. Position in labor organization. President		

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name I.B.E.W. Local 910 Welfare Fund	Reimbursement of expenses for an educational conference inconjunction with the International		
Trade Name, if any:	Foundation of Employee Benefit Plans 02/21/04. (1,785.) 2. Reimbursement of expenses for lost wages attending quarterly Trust Fund Meeting. (200.)		
P.O. Box, Bldg., Room No., if any	(200.)		
	7.b. Amount		
City Watertown :	parties to the		
State New York ZIP Code + 4 13601			

Signatu	rc
O MINGE	

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
a Market A	On 8/08/2005 (315) 583-5618 One Date (315) 583-5618	
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Name of Person Filing Elizabeth Cassada	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name				
Trade Name, if any:	a. Labor Organization			
P.O. Box, Bldg., Room No., if any	b. Trust			
Street	c. Employer			
City				
State ZIP Code + 4				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	11.b. Approximate dollar value of such dealing.			
City	12.a. Nature of interest held or income received.			
State ZIP Code + 4				
	12.b. Amount.			
C. Received from any employer (other than an employer covered un or from any labor relations consultant to an employer any payment of mon	nder parts A and B above) ey or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.			

Name of Person Filing Elizabeth Cassada	File Number U-

Part A Continuation Page

 A. Held an interest in, engaged in transactions (including loans) with, or derived in employees your organization represents or is actively seeking to represent. 	income or other economic benefit of monetary value from an employer whose	
6. Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.	
Name I.B.E.W. Local 910 Pension Fund	1. Reimbursement of expenses for lost wages attending August 2004 quarterly Trust Fund meeting (200.00) 2. Lunches provided for quarterly Trust Fund meetings. 02/02/04 (15.00), 05/03/2004 (15.00), 08/02/2004 (15.00), 11/01/2004 (15.00)	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Chroat again as a great state of the chroat again and the chroat again and the chroat again agai	7.b. Amount.	
Street 25001 Water Street		
City Watertown	\$260	
State New York ZIP Code + 4 13601		
A. Held an interest in, engaged in transactions (including loans) with, or derived employees your organization represents or is actively seeking to represent.	income or other economic benefit of monetary value from an employer whose	
Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	7.5 Amount	
Street	7.b. Amount.	
City		
State ZIP Code + 4		
A. Held an interest in, engaged in transactions (including loans) with, or derived i employees your organization represents or is actively seeking to represent.	income or other economic benefit of monetary value from an employer whose	
Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	7.b. Amount.	
Street	7.b. Amount.	
City		
State ZIP Code + 4		